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	ATT OFF A A TWO
West Main Street Values PAC Inc.	CENTER
If registered, FEC ID:	
Today's Date:	
3/27/2013	
Federal Election Commission	
999 E Street, N.W. Washington, D.C. 20463	
Re: Form 1, Statement of Organization—Unlimited Contributions	
To Whom It May Concern:	
This committee intends to make independent expenditures, and consistent with	
the U.S. Court of Appeals for the District of Columbia Circuit decision in	
SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This	
committee will not use those funds to make contributions, whether direct, in-kind,	
or via coordinated communications, to federal candidates or committees.	
Respectfully submitted,	
Le Price	
Treasurer's Name:	
Le Price , Treasurer	

1303105130

FEC FORM 1

STATEMENT OF ORGANIZATION

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				Office Use Only	_
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	FEG MAIL CENT	ER
West Main Stree	et Values PAC	Inc.			1
					j
ADDRESS (number and street)	PO Box 592]
(Check if address is changed)	Columbia		SC	29202	ļ]
		CITY	STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRE	•	·			
(Check if address	info@westma	ainstreetvalues,	com]
is changed)]
COMMITTEE'S WEB PAGE AD	DRESS (URL)				
(Check if address]
is changed)		1 1 1 1 1 1 1 1			J
2. DATE 03 / 27	7°] 2013				
3. FEC IDENTIFICATION N	имвек С	Alexandramente es el care de la section de l			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			_
I certify that I have examined to	his Statement and to the bes	at of my knowledge and belief	it is true, correct	and complete.	
Type or Print Name of Treasure	Le Price				_
Signature of Treasurer	Le Pric	ر	Date 03	27 2013.	[]
NOTE: Submission of false, erron		may subject the person signing		the penalties of 2 U.S.C. §437g.	-
Office Use		For further Information Federal Election Commis		FEC FORM 1	-

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	F	EC Fo	rm 1 (Revised 02/2009)	Page 2
5.	TYPE	OF C	OMMITTEE	
Candidate Committee:				
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	•
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
	Name Candi			
	Candi Party	idate Affiliati	Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Part	y Con	nmittee:	
	(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
	Polit	tical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a:
			Corporation Corporation w/o Capital Stock	Labor Organization
			Membership Organization Trade Association	-
				Cooperative
			In additter, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NQT a separate segregate committee. (i.e., nonconnected committee)				egregated fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is e Leadership PAC. (Identify sponsor on line 6.)	
			The addition, this committee is a coastaling if No. (lastinity sportes) art into sty	
	Joint	t Fund	Iraising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
	(h)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	vo or more political
			committees/organizations, none of which is an authorized committee of a federal candidate.	
		Com	mittees Participating in Joint Fundraiser	
		1.	FEC ID number C	
		2.	FEC ID number	
		3.	FEC ID number	
		4.		

Pane	9

FEC Form 1 (Revised 02/2009)

٧	Vrite or Type Committee Name	•
\	West Main Stree	et Values PAC Inc.
-	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
ır	one	
Ŀ	<u> Ο </u>	
L		
	Mailing Address	
		CITY STATE ZIP CODE
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in possession of committee
	l o Pri	•
	Full Name Le Pri	
	Mailing Address	PO Box 592
		Columbia SC 29202 -
	Title or Position	CITY STATE ZIP CODE
	Treasurer	Telephone number
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
	Full Name of Treasurer	ce
	Mailing Address	PO Box 592
	-	• • • • • • • • • • • • • • • • • • • •
	-	CITY STATE ZIP CODE
•	Title or Position Treasurer	Telephone number

9.

FEC Form 1 (Revised	d 02/2009)		Page 4
Full Name of Designated Agent	.1		
Mailing Address			
		<u> </u>	
	СІТУ	STATE	ZIP CODE
Title or Position		Telephone number	
Banks or Other Depositoring safety deposit boxes or main Name of Bank, Depository, or Wells Mailing Address	etc.	hich the committee deposits f	unds, holds accounts, rents
		<u>, , , , , , , , , , , , , , , , , , , </u>	
	[Columbia: , , , , , , , , , , , , , , , , , , ,	sc sc	29201
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.	*****	
لللل			
Mailing Address			
			
		لبا لببب	
	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

(3/2005)

PREPARER